| <b>Property Location:</b> | Mixed Use Property      | Calendar Year: |
|---------------------------|-------------------------|----------------|
| Parcel ID:                | Rental Income Statement |                |

**Commercial Lease Information:** Please provide information on current leases as of January 1st.

|                |             |                  |                             |                               |                | Lease Terms              |                     |                                |  |  |
|----------------|-------------|------------------|-----------------------------|-------------------------------|----------------|--------------------------|---------------------|--------------------------------|--|--|
| Floor<br>Level | Tenant Name | Type of<br>Space | Leased<br>Area<br>(Sq. ft.) | Rent per<br>SF on<br>Jan. 1st | Annual<br>Rent | Start<br>Date<br>(Mo/Yr) | Term<br>in<br>years | Basis<br>Gross,<br>Net,<br>NNN |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |
|                |             |                  |                             | \$                            | \$             |                          |                     |                                |  |  |

## **Residential Rental Information:** Please provide the following rental information.

| The effective reporting date is January 1st. |                        | Rent Incentives   |                | Lease Terms  |                        |                                   |               |                |                 |
|--|------------------------|-------------------|----------------|--------------|------------------------|-----------------------------------|---------------|----------------|-----------------|
| Unit<br>Type                                 | Total<br># of<br>Units | Rent per<br>Month | Annual<br>Rent | Free<br>Rent | Free #<br>of<br>Months | Lease<br>Start<br>Date<br>(Mo/Yr) | Heat<br>(Y/N) | Elect<br>(Y/N) | Lease or<br>TAW |
| Studio                                       |                        | \$                |                | \$           |                        |                                   |               |                |                 |
|  |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| One  |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Bedroom                                      |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Two  |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Bedroom                                      |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Three<br>Bedroom                             |                        | \$                |                | \$           |                        |                                   |               |                |                 |
|  |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Four<br>Bedroom                              |                        | \$                |                | \$           |                        |                                   |               |                |                 |
|  |                        | \$                |                | \$           |                        |                                   |               |                |                 |
| Weekly                                       |                        | \$                |                | \$           |                        |                                   |               |                |                 |
|  |                        | \$                |                | \$           |                        |                                   |               |                |                 |

| I certify under the pains and penaltic | es of perjury that the information supplied herewith | n is true and correct: |
|--|--|------------------------|
| Submitted by:                          | Title:   | _ Phone:               |
| Signature:                             |  | Date:                  |
| _                                      |  |                        |

| Parcel ID:                  | Loca               | ation:           | Expenses                    | <b>Expenses for Calendar Year:</b> |                  |  |
|-----------------------------|--------------------|------------------|-----------------------------|------------------------------------|------------------|--|
|                             | Landlord<br>Amount | Tenant<br>Amount |                             | Landlord<br>Amount                 | Tenant<br>Amount |  |
| Management & Administrative |                    |                  | Maintenance & Cleaning      |                                    |                  |  |
| Management Wages or Fee     | \$                 | \$               | Wages                       | \$                                 | \$               |  |
| Legal & Accounting          | \$                 | \$               | Maintenance Supplies        | \$                                 | \$               |  |
| Commissions                 | \$                 | \$               | Maint. Service Contract Fee | \$                                 | \$               |  |
| Payroll                     | \$                 | \$               | Grounds Keeping             | \$                                 | \$               |  |
| Accounting                  | \$                 | \$               | Rubbish Removal             | \$                                 | \$               |  |
| Payroll Tax                 | \$                 | \$               | Snow Removal                | \$                                 | \$               |  |
| Advertising                 | \$                 | \$               | Exterminator                | \$                                 | \$               |  |
|                             | \$                 | \$               | Cleaning Supplies           | \$                                 | \$               |  |
| Other                       | \$                 | \$               | Other                       | \$                                 | \$               |  |
| Total                       | \$                 | \$               | Total                       | \$                                 | \$               |  |
| Repairs & Alterations       |                    |                  | Capital Improvements        |                                    |                  |  |
| Exterior                    | \$                 | \$               | Description                 |                                    |                  |  |
| Interior                    | \$                 | \$               |                             | \$                                 | \$               |  |
| Mechanical                  | \$                 | \$               |                             | \$                                 | \$               |  |
| Electrical                  | \$                 | \$               |                             | \$                                 | \$               |  |
| Plumbing                    | \$                 | \$               |                             | \$                                 | \$               |  |
| Total                       | \$                 | \$               | Total                       | \$                                 | \$               |  |
| Utilities                   |                    |                  | Other Expenses              |                                    |                  |  |
| Electricity                 | \$                 | \$               | Real Estate Taxes           | \$                                 | \$               |  |
| Heat                        | \$                 | \$               | Reserve for Replacement     | \$                                 | \$               |  |
| Air Conditioning            | \$                 | \$               | Apartments for Employees    | \$                                 | \$               |  |
| Water                       | \$                 | \$               | Insurance (1 yr. Premium)   | \$                                 | \$               |  |
| Sewer                       | \$                 | \$               |                             | \$                                 | \$               |  |
| Total                       | \$                 | \$               | Total                       | \$                                 | \$               |  |